



INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES AND LIMITS OF CONFIDENTIALITY

Benefits & Risks:

The **benefits** of seeking professional psychological services for counselling and/or assessment include increased satisfaction in life and relationships, greater personal awareness and insight, increased coping skills, resolutions to specific problems, and to assist in advocacy and access to supports. **Risks** may include discussion of difficult topics, the experience of unpleasant feelings and the sense that things are getting worse before they get better. There may be disappointment with assessment outcomes if results are not as expected (for example, detecting or not detecting an underlying diagnosis). **Risks of not seeking treatment** for mental health issues, could include the problem getting worse with greater impact on your functioning and, with assessment, the inability to know of and/or access support/intervention services you may be entitled to and/or benefit from. **Best outcomes** will occur if you are engaged, attend appointments as scheduled, and complete in-session and/or assigned activities.

Appointments and Professional Fees:

Appointments are generally 50-minutes long, but longer sessions are available where applicable. Payment for services is required at the time of each appointment and fees for services are \$200 per 50-minute session (*Please contact me directly for Psychological Assessment estimates*). If you have insurance coverage, you will then submit the receipt to your provider for reimbursement. Given current COVID concerns, only credit card payment and email transfers are accepted. If you have any questions regarding billing policies please discuss the matter directly with me.

Cancellation Policy:

The appointment time you have booked is reserved exclusively for your use. If you find you are unable to keep an appointment please advise me as soon as possible. Cancellation or rescheduling of appointments requires forty-eight (48) hours advance notification to avoid being billed for the costs of the session.

Please call/text 867-688-4956 if you need to cancel or reschedule your appointment. You may also reach me by email: bryan@baustinpsychology.com.

Professional Records:

Austin Psychology keeps client records in a secure and confidential manner. Records include information on attendance, reasons for therapy, treatment goals, interventions used, outcomes, records received from other providers, and copies of records sent to others.

Your personal information is your own property and is protected by Austin Psychology as it is private and confidential. Except for unusual circumstances that involve a danger to yourself or others, where copyrighted testing materials must be protected, or where a third party owns your file, you do have the right to a copy of your records and they can be furnished at your request.

Confidentiality:

Everything you say here will stay between you and your psychologist, except for the following reasons:

- Imminent risk - That you and/or others may be in danger (ie: suicidal, homicidal).
- That a child, who is under 16 now, may be abused now or has been abused in the past. This information is shared with child protection services.
- That information is subpoenaed by the courts.
- Records of Minors (parents cannot be denied access to a minor client’s file)
- Professional Self-Regulation (I must report misconduct by other psychologists)
- When consent to share information has been received by you and/or your legal guardian.

Parents and Minors:

For youth 14 and older attending counselling/therapy, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance. All other communication will require the youth’s agreement, unless Austin Psychology feels there is a safety concern.

Contacting Austin Psychology:

Please feel free to connect with me via phone or e-mail, although note that I do not take crisis calls or provide treatment over the phone in between appointments. If you feel you need immediate help or are unable to keep yourself safe, please go to the **Stanton Territorial Hospital Emergency Room**.

Consent to services provided by Austin Psychology:

I understand and agree to the cancellation policy: Yes No

I agree to be charged for the cost of a missed session on the following credit card:

Credit Card Number: _____

Expiration Date: _____ CV2 Number: _____ Postal Code: _____

I _____ have read this informed consent form and agree to receive psychological services under these terms, as indicated by my signature below. This consent is considered valid for one calendar year from the date indicated below, or until the last session, as indicated verbally or in writing.

Please Sign and Date below:

Client name: _____

Signature: _____ Date: _____

Legal Guardian/Parent (if under 18) name: _____

Signature: _____ Date _____

Bryan Austin, R. Psych _____ Date _____